

**Choices for Independence (CFI) Subgroup
of the
SB 553 Working Group on the Implementation Planning for the Incorporation of
Nursing and Choices for Independence Waiver Services into the New Hampshire
Medicaid Care Management Program**

**January 10, 2017
10:00 am - 12:00 pm
Department of Health and Human Services
29 Hazen Drive – Atrium
Concord, NH 03301**

Agenda/Introductions/Review Subgroup Purpose

Per the Commissioner's direction at last SB 553 meeting, the CFI and NF subgroups are tasked with developing an implementation plan for the incorporation of nursing and CFI services into the managed care. This process will inform the procurement for managed care.

There will be three meetings of each subgroup between now and March. Meeting dates will be posted on the SB 553 website. The Commissioner will reconvene the SB 553 Working Group after the subgroups have completed their work, at which time each subgroup will make a presentation. The subgroups' work will inform the RFP for managed care procurement, and the opportunity for public comment will be provided. Deb Scheetz indicated that this process allows the Department to listen and learn about issues from the stakeholders who know the system well.

The CFI Subgroup designated three leads to facilitate meetings and stand up the CFI presentation to the full SB 553 Working Group: Doug McNutt of AARP (Lead), Erin Hall of BIANH (Scribe), and Clyde Terry of GSIL, (Co-Lead).

The highlighted topics specified in SB 553 are to be used structure the work. A timeline was distributed to re-cap the milestones discussed by Commissioner Meyers in the SB 553 Working Group sessions. MLTSS proposals were received to provide consulting services to the Department; procurement consulting proposals are due 1/11/17. The timeline is subject to change once informed by the Governor and Legislature.

Discussion/Questions:

Q: How does the CFI waiver renewal intersect with SB 553?

A: Renewal is required because the CFI waiver will expire; and is a priority to ensure that people continue to be served and supported. The waiver renewal does not take into consideration waiver modifications necessary for incorporation into managed care.

Q: When will enrollment take place if the managed care contracts go into effect July 2018?

A: The implementation plan will address this issue along with assistance from the MLTSS consultant.

Q: Will managed care procurement include all MLTSS services?

A: The focus is currently on CFI and NF per SB 553.

Q: Does the Department anticipate having more than two MCOs in the future?

A: The intent is to have an open re-procurement, so we do not know. The process will not grandfather any MCO currently in place.

Q: State funding for CFI over the past 10 years has been reduced, despite the fact that NH has the second largest demographic of elderly in the nation.

A: Budget numbers cited will be taken back to the Commissioner. Jeb Curelop to provide information to the Department through Deb Scheetz.

SB 553 topics to be addressed by the CFI and NF Subgroups:

The Subgroups must address all topics listed in SB 553 for the implementation plan, however additional topics may be added. This work is owned by the subgroup and therefore up to the members to decide what to report out to the full work group.

Questions were raised regarding topic item definitions. Since the terms are not defined in the legislation, the subgroup may determine what the terms encompass. Rates are a concern in terms of constraints. Provider discussion followed about low rate reimbursement and how this impacts rate development and network adequacy/workforce. Deb Scheetz suggested the group consults the MCM Commission final report, Milliman presentation, and Camille Dobson presentation for ideas.

The subgroup was reminded that their work will inform the Department's implementation planning and the RFP, and to focus on areas with which members have concerns. It was suggested that the CFI Subgroup use the presentations made to the full Work Group and pull out what stands out as opportunities. The Subgroup might sort the topics into major areas and start with an outline and homework assignments. The major categories raised in the CFI listening sessions were:

1. Finance and reimbursement
2. Access to care
3. Benefits

The group considered a plan outline around these headings. The terms provide a place to start using what we understand the definitions to be currently. As for eligibility, the definition to be used is CFI, not global Medicaid. Identify goals and address policy issues. It was suggested the group use this opportunity to redefine how they envision CFI service and supports with added flexibility. The subgroup split up into breakouts/leads as follows:

1. Beneficiaries' Protections - Cindy Robertson
2. Eligibility - Jebb Curelop
3. Provider Services - Doug McNutt
4. Quality/Outcomes/Transition - Tina Paquin

It was suggested that members look at previous MCO contracts for CFI information to consider. However, contracts do not address all items to be addressed. Deb Scheetz offered each breakout group assistance and made herself available to assist. She asked that if people want background information, access to other state contracts, and other items, she could make this available to the CFI Subgroup.

Early March is tentatively scheduled for the subgroups to present to the SB 553 Work Group.

Action Items:

1. Comments on the CFI Renewal will be circulated.
2. Breakout groups will meet between subgroup meetings
3. Next meeting - tentatively scheduled for Jan 24. To be confirmed.